

DECLARATION AND POWER OF ATTORNEY

Docket No.

As a below-named inventor, I hereby declare that:

1. My residence, post-office address and citizenship are as stated below next to my name.
2. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **HYPODERMIC SYRINGE**, the specification of which is attached hereto and identified by Docket No.
3. I have reviewed and understand the contents of the above-identified application specification, including the claims.
4. I acknowledge the duty to disclose all information known to me that is material to patentability as defined in 37 C.F.R. §1.56.

5. I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the appropriate box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Application No.	Country	Filing Date	Priority NOT Claimed	Certified Copy Attached
2003901382	AU	25 March 2003	<input type="checkbox"/>	<input type="checkbox"/>
PCT/AU2004/000364	PCT	24 March 2004		

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto

6. I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional applications listed below:

Application No.	Filing Date

☐ Additional provisional application numbers are listed on a supplemental data sheet attached hereto

7. I hereby claim the benefit under 35 U.S.C. §120, of the United States Application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. §1.56, and which became available to me between the filing date of the prior application and the national or PCT international filing date of this application:

Application No.	Filing Date	Parent Patent No.

☐ Additional U.S. or PCT application numbers are listed on a supplemental data sheet attached hereto

8. I hereby appoint the attorneys listed under the KUDIRKA & JOBSE, LLP customer number:

21127

jointly, and each of them severally, its attorneys at law, with full power of substitution, delegation and revocation, to prosecute this application to register, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith. Address all correspondence to

Therese A. Hendricks, Esq.

at the customer address for the customer number listed above and

telephone no. (617) 367-4600; facsimile number (617) 367-4656.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

First Inventor Name: ROBERT BAIRD WATSON

Inventor's Signature:



Date: 20 September, 2005

Citizenship:

Australian

Residence Address:

11 St Georges Road, Upper Beaconsfield, Victoria, 3808, Australia

Post Office Address:

"as above"

~~Second Inventor Name:~~

Inventor's Signature:

Date:

Citizenship:

Residence Address:

Post Office Address:

☐ Additional inventors are being named on the supplemental inventor sheet attached hereto.